

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE:** This form must be on file with the qualifying officer before opening the campaign account.

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

☐ Initial Filing of Form      Re-filing to Change: ☒ Treasurer/Deputy      ☒ Depository      ☐ Office      ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Lawrence Martin

**3. Address** (include post office box or street, city, state, zip code)

P.O. Box 120336  
Ft. Lauderdale, FL 33312

**4. Telephone**

(954) 274-6399

**5. E-mail address**

electlawrencemartin@gmail.com  
electlawrencemartin@gmail.com

**6. Office sought** (include district, circuit, group number)

City Comm Seat 1

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In      ☐ No Party Affiliation      ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☐ Campaign Treasurer ☒ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Robert E. McGrath

**11. Mailing Address**

2850 N. Andrews Avenue

**12. Telephone**

(954) 773-7160

**13. City**

Fort Lauderdale

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33311

**17. E-mail address**

rmcgrath@rmcgrathepa.net

**18. I have designated the following bank as my** ☐ Primary Depository ☐ Secondary Depository

**19. Name of Bank**

**20. Address**

**21. City**

**22. County**

**23. State**

**24. Zip Code**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

8/6/19

**26. Signature of Candidate**

X

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Robert E McGrath, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

8/6/19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer